GS.IV **There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.**

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Provision of Services

- Intake Service Coordination is provided through contracts with the Lead Agency. Through contracts of System Points of Entry (SPOEs), intake service coordinators accept referrals and coordinate the evaluation process to determine eligibility for the Part C system.
- The Department of Mental Health (DMH), through an interagency agreement, funds ongoing service coordination for an agreed upon number/percent of infants and toddlers. Service coordination for all other eligible infants and toddlers is provided via independent service coordinators who have contractual agreements with the lead agency or via service coordinators employed by Phase 1 SPOEs.
- Personnel meeting state qualifications who are under contract with DESE provide all other early intervention services required by Part C. These providers bill the Central Finance Office (CFO). The CFO in turn, bills Department of Social Services (Medicaid) who reimburses the CFO per the interagency agreement between DMS and DESE.
- Payments to providers in Missouri's Part C system are based on the state's Medicaid reimbursement rate. This rate includes a natural environments incentive for services provided in those settings. As a result, the state's Medicaid office will not approve any added payment for travel expenses incurred by providers when serving children in the natural environment. Missouri is primarily a rural state and attracting providers to the Part C system is challenging when the pay rate is so low and providers must drive long distances to serve children with no reimbursement for the time on the road or the costs associated with the travel.

Missouri's system for ongoing service coordination follows two models across the state. The original model is based on independent and DMH service coordinators with very limited oversight. The revised model which is operating in three regions of the state (serving approximately half of the First Steps child count) makes SPOEs responsible for ongoing service coordination, either though coordinators employed by the SPOE or through DMH coordinators. The revised system allows for extensive oversight of service coordination activities. Data and information regarding service coordination is primarily included in the Early Intervention Services in Natural Environments cluster. See CE.I and CE.II for more information.

The model for other service providers (regardless of region) is currently an independent system where providers contract with DESE and enroll with the CFO. Providers are then chosen by the family from a service matrix. One change being discussed by the proposed legislation is SPOE contract responsibility for the provision of services as well as service coordination. This could be done through SPOEs employing or contracting with providers. Any changes made to the program may result in changes to the systems for provider recruitment, retention, training and monitoring.

That being said, the following tables present data regarding the numbers and types of providers and training data from 2003-04.

Providers of Early Intervention Services by Service Type

	6/30/2004				6/30/2003
	A	B	C	D	E
	Number of Children Receiving Services	Number of Enrolled Providers	Number of Providers Providing Services	Percent of Providers Providing Services	Percent of Providers Providing Services
ABA	72	174	88	50.6%	57.8%
Assistive Technology Providers	329	92	61	66.3%	56.2%
Audiologists	92	18	14	77.8%	50.0%
Interpreters (Bilingual and Sign)	66	33	21	63.6%	55.2%
Nurses	112	20	16	80.0%	27.3%
Nutritionists/Dieticians	283	16	16	100.0%	90.0%
Occupational Therapists	2,038	490	337	68.8%	68.4%
Orientation and Mobility Specialists	0	2	0	0.0%	37.5%
Physical Therapists	1,900	452	321	71.0%	71.0%
Physicians and Pediatricians	6	1	1	100.0%	50.0%
Psychologists	5	5	4	80.0%	75.0%
Service Coordination	3,454	278	175	62.9%	75.9%
Social Workers	64	18	16	88.9%	53.8%
Special Instruction	1,472	293	237	80.9%	82.8%
Speech and Language Pathologists	2,449	644	444	68.9%	72.4%
Total	12,342	2,536	1,751	69.0%	69.5%

Notes:

A - Number of children receiving services on June 30, 2004

B - Number of providers enrolled with the CFO as of June 30, 2004

C - Number of enrolled providers who were providing services to the children in Column A

D - Percent of Enrolled Providers Providing Service = Column C / Column B

E - Percent of Enrolled Providers Providing Service figure from 2002-03, as reported in 2002-03 APR

Provider Module Training during 2003-04

Module Title	2003-04		2002-03	
	Sessions	Attendees	Sessions	Attendees
Module I: FS Orientation**	19	378	21	430
Module II: FS Evaluation and Assessment	18	299	12	248
Module III: IFSP Outcomes in Natural Environments	23	370	7	138
Module IV: FS Transition	24	498	4	96
Specialty Module: Service Coordination	7	79	6	57
Total *	91	1,624	50	969

* Total attendees may be duplicated if providers attended multiple trainings.

** The orientation module was converted to an online training in December 2003. In 2004-05, Modules II, III and IV are being placed online as well.

From April 2004 First Steps Family Survey

Q14: We receive all the services listed in our Individualized Family Services Plan (IFSP)

	#	%	
Strongly Agree	677	51.68%	96.11%
Agree	582	44.43%	
Disagree	43	3.28%	3.89%
Strongly Disagree	8	0.61%	
Total	1310		

Q15: The people who work with my child know a lot about my child's disability and how to work with him/her.

	#	%	
Strongly Agree	767	56.15%	96.19%
Agree	547	40.04%	
Disagree	46	3.37%	3.81%
Strongly Disagree	6	0.44%	
Total	1366		

Q17: I receive information and explanations about the services my child needs and believe the services my child and family receive are appropriate.

	#	%	
Strongly Agree	708	51.34%	95.65%
Agree	611	44.31%	
Disagree	52	3.77%	4.35%
Strongly Disagree	8	0.58%	
Total	1379		

Anecdotal as well as preliminary "No Provider Available" data indicate that while there are regions with an adequate provider base, there are other regions with provider shortages. Extreme rural areas are especially likely to have very limited availability of providers. Many more providers attended training during 2003-04 than the previous year, largely as a result of the state enforcing training requirements. Family survey data suggest that over 95 percent of families are receiving all services on the IFSP, and feel that providers are knowledgeable and capable, and that services received are appropriate.

Future Plans for Data Collection
- No Provider Available (NPA) data collection through SPOE software. Preliminary data is now being collected outside the SPOE software, but will be incorporated into the webSPOE software
- Informal issues database planned to be implemented in Spring 2005
- Provider surveys

2. Targets (for reporting period July 1, 2003 through June 30, 2004):
- All services identified in IFSPs will be provided
- No child will go without a needed service because of lack of providers

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):

Due to delay in completion of the new webSPOE data system, the "No Provider Available" (NPA) option was not available until a change was made to the current system to allow entry of NPA authorizations. Data collection on NPA began in 2004-05 and initial data indicates that SPOEs and service coordinators are beginning to report where providers are not available for a service, however the reporting has not reached a level that suggests that the NPA option is being used consistently across the state. In reporting a service for which no provider is available, the IFSP service is identified in the child data system, but rather than entering an authorization for a particular provider, "No Provider Available" is designated. Guidance has been distributed in regards to when and how to use the NPA authorizations and what is required of service coordinators in the event that no providers are available. Requirements include continuing to look for providers and offering compensatory services when a provider is located. Significant public awareness efforts are being made to ensure service coordinators know about the NPA option and are using it. Monthly maps are being posted indicating where the NPA data shows provider need. These maps will encourage service coordinators and SPOEs to better and more completely use the NPA option. Additionally, the data is being shared with the SICC and First Steps Regional Consultants who are working with SPOEs and RICCs/LICCs to conduct targeted provider recruiting efforts based on the NPA data.

In defining Missouri's system of general supervision, the following service provision requirements, indicators and mechanisms for monitoring were outlined:

Federal and State Regulations describe the general role of service providers:
- Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area
- Training parents and others regarding the provision of these services
- Participating in the multidisciplinary team's assessment of a child and the child's family and in the development of integrated goals and outcomes for the IFSP

Compliance Indicators:
- Provides services in accordance with the IFSP
- Submits evaluations in a timely fashion
- Submits progress reports in a timely fashion

Mechanisms in place for Service Provider monitoring/oversight:
- In place during 2003-04
  - Child complaint and due process system
  - Credential requirements for enrollment
  - Parent Surveys
  - Provider agreements require adherence to state and federal statute and regulations, was recently revised to strengthen the agreement
  - EOB statements sent to families provide for check between provision of services and billing for the services
- Implemented during 2004-05
  - Informal issues system – including billing complaints
  - Regularly scheduled reviews of pertinent data reports including provider availability
  - Pilot IFSP Quality Indicators Rating Scale
  - Providers removed from sight on the Matrix such that no new authorizations could be entered – for lack of training, lack of updating matrix information or extremely questionable billing practices
  - Consultant use of questionnaire for group services providers
  - Consultant review of service provision data
- To be implemented during 2005-06
  - New webSPOE software will keep service providers aware of upcoming timelines and meeting dates, as well as progress notes reminders
  - Monitor service providers in conjunction with SPOE reviews. Corrective actions for non-compliance will be required.
  - Full implementation of IFSP Quality Indicators Rating Scale

Provider training/credentialing system
The provider credentialing system in currently being reviewed and the Comprehensive System of Personnel Development (CSPD) committee has been reconvened to review the provider credentialing system and to recommend changes if any are needed. All First Steps training modules are being converted to web-based trainings so that providers have easier access to the trainings and are not required to spend time away from their work to attend.

4. Projected Targets:
- All services identified in IFSPs will be provided.
- No child will go without a needed service because of lack of providers.
- 100% of providers trained in all modules within six months of enrollment
- Additional projected targets are in the Future Activities tables

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and CE.IV

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.IV GS.V	Monitor various reports & evaluate SPOE rebid/RICC work in regards to provider availability	Providers are qualified, timely evaluation/assessment	Ongoing	EP
GS.IV CE.III	Collect NPA, track trends and target recruitment	Instances of NPA reduce	Ongoing	EP
GS.IV	Develop and implement process and procedures for provider recruitment	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Consultants, SPOEs